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Announcing the Release of the Revised CMS-855 Medicare Enrollment Applications

Provider Types Affected

All Medicare physicians, providers, and suppliers

Background

On May 1, 2006, the Centers for Medicare & Medicaid Services (CMS) issued the revised CMS-855 Medicare enrollment applications. Providers and suppliers should begin to use the new Medicare enrollment applications immediately. Initially, these applications will be available only from the CMS provider enrollment web site. The link for that CMS web site is listed in the *Additional Information* section of this article.

Over the last year, CMS has received numerous comments and suggestions regarding the proposed revisions to the Medicare enrollment applications. CMS reviewed the comments and adopted many of the suggested revisions. Also, CMS incorporated a number of enhancements and changes (see *Key Points* below) to clarify the enrollment process and to reduce the burden imposed on the provider and supplier communities.

Key Points

This Special Edition outlines the significant revisions to the Medicare enrollment applications and they are as follows:

Enhancements

- Improved the application's aesthetics via a more visually appealing format, larger font, clarified headings, and the use of plain language;
- Revised cover page to include instructions that help applicants submit the correct enrollment application, inform applicants where to mail the application,

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- and provide information on the documents that must be furnished with the enrollment application;
- Added tips on how to avoid delays in the enrollment process; and
- Redesigned Section 17 (Supporting Documentation) to make it easier for providers and suppliers to know which documents must be submitted with an enrollment application.

Significant Changes

- Require the submission of the National Provider Identifier (NPI) and a copy of the NPI notification furnished by the National Plan and Provider Enumeration System with each enrollment application;
- Require that providers and suppliers complete the Authorization Agreement for Electronic Funds Transfer (CMS-588) when initially enrolling or – if they are currently not receiving payments via EFT - making a change to their enrollment information; and,
- Removed Sections 9 (Electronic Claims Submission Information), 10 (Staffing Companies), and 11 (Surety Bonds) from the application. In addition, information regarding overpayments no longer must be submitted.

Application-Specific Changes for Physicians and Non-Physician Practitioners (CMS-855I)

A sole proprietor who incorporates (and who is the sole owner of that business) only needs to complete the CMS 855I form. In the past, such suppliers had to complete the CMS 855B, CMS 855I and CMS 855R. However, the person will still need to report information about the practice, such as the legal business name and adverse legal history.

Application-Specific Changes for Clinics/Group Practices and Certain Other Suppliers (CMS-855B)

- Removed the requirement to collect crew member and certain vehicle information from ambulance companies in Attachment 1 of the application.
- Revised the Independent Diagnostic Testing Facility information contained in Attachment 2 of the application.

Application-Specific Changes for Institutional Providers (CMS-855A)

Eliminated questions dealing with fiscal intermediary preferences. This change implements section 911(d) (2) (B) of the Medicare Modernization Act. See MLN Matters article SE0582 at http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0582.pdf for further information.

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Additional Information

For additional information regarding the Medicare enrollment process, including the mailing address and telephone number for the carrier or FI serving your area, visit http://www.cms.hhs.gov/MedicareProviderSupEnroll on the CMS web site.

Special Edition article SE0612 contains helpful information about the Medicare enrollment process. You may review the article on the CMS web site at http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0612.pdf on the CMS site.

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